

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: Current:	Date: 06/01/07 Date:
Section: General Policy Subject: Fundraising	Section: 7.09 Pages: 2 Cross Reference: Provider Information 4.0 Third Party Recovery 6.0	

Fundraising may only be used to obtain funds needed to pay for medical/treatment costs not normally covered by the Mississippi Medicaid program. Such costs include, but are not limited to the following:

- Transportation for family members
- Food and lodging for the beneficiary and family
- Child care
- Non-covered medical equipment
- Non-covered medical services

Fundraising Criteria

- Prior to accepting donations arrangements must be made to place donations in a trust fund/special account
- The trust fund/special account must be established/administered in compliance with all applicable federal and state rules/regulations
- The trust fund/special account must be managed/administered by someone other than the beneficiary or the beneficiary's family member/legal guardian (i.e., the beneficiary or the beneficiary's family member/legal guardian may not have direct access to the fund/account)
- The trust fund/special account must be maintained separate from personal monies belonging to the beneficiary or the beneficiary's family member/legal guardian (i.e., mixed funds could be counted as income or an asset which could result in a loss or reduction of Medicaid benefits)
- Legible documentation on income and expenditures must be maintained and must be made available to the Division of Medicaid, the fiscal agent, and/or the UM/QIO upon request

The beneficiary must report all sources of income to the source of eligibility. The source of eligibility will inform the Third Party Liability Unit of the availability of any other source of payment for medical services. Donated funds for the purpose of payment of medical services are considered a third party source. Refer to Third Party Recovery, Section 6 in this manual.

Provider/ facilities cannot participate in fundraising for beneficiaries to raise additional funds to pay for Medicaid covered procedures and/or related services. Facilities/providers must adhere to conditions of participation. Refer to Provider Information, Section 4.01 in this manual:

"The provider must agree to accept as payment in full the amount paid by the Medicaid program for all services covered under the Medicaid program within the beneficiary's service limits with the exception of authorized deductibles, co-

insurance, and co-payments. All services covered under the Medicaid program will be made available to the beneficiary. Beneficiaries will not be required to make deposits or payments on charges for services covered by Medicaid. A provider cannot pick and choose procedures for which the provider will accept Medicaid. At no time shall the provider be authorized to split services and require the beneficiary to pay for one type of service and Medicaid to pay for another. All services provided to Medicaid beneficiaries will be billed to Medicaid only where Medicaid covers said services, unless some other resources, other than the beneficiary, or the beneficiary's family will pay for the service."

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 06/01/03 06/01/07
Section: Transplants	Section: 28.08	
Subject: Fund-Raising Fundraising	Pages: 2	
	Cross Reference: Provider Information 4.0 Third Party Recovery 6.0	

~~Fund raising can provide needed funds for patients to pay for costs not normally covered under the Medicaid program for additional transplant expenses such as: implants, DME, etc. Costs not normally covered may include, but are not limited to:~~ **Fundraising may only be used to obtain funds needed to pay for transplant costs not normally covered by the Mississippi Medicaid program.** Such costs include, but are not limited to the following:

- ~~transportation~~ Transportation for family members
- ~~food~~ Food and lodging for the patient beneficiary and family
- ~~child~~ Child care
- ~~non-covered~~ Non-covered medical equipment
- ~~non-covered~~ Non-covered medical services

The following criteria for coverage apply to fund-raising:
Fundraising Criteria

- ~~Prior to accepting donations the beneficiary (or family if a child) must make arrangements must be made to place donations in a trust fund/ or special account~~
- ~~The trust fund/special account must be established/administered in compliance with all applicable federal and state rules/regulations~~
- ~~The trust fund/ or special account must be managed/administered by an administrator (someone outside the family); someone other than the beneficiary or the beneficiary's family member/legal guardian (i.e., the beneficiary or the beneficiary's family member/legal guardian may not have direct access to the fund/account)~~
- ~~The trust fund/special account must be maintained separate from personal monies belonging to the beneficiary or the beneficiary's family member/legal guardian (i.e., mixed funds must never be mixed with personal or family money, or they could be counted as income or an asset which could result in a loss or reduction of Medicaid benefits)~~
- ~~The beneficiary should not have direct access to the trust funds or special account. Legible documentation on income and expenditures must be maintained and must be made available to the Division of Medicaid, the fiscal agent, and/or the UM/QIO upon request~~

The beneficiary must report all sources of income to the source of eligibility. The source of eligibility will inform the Third Party Liability Unit of the availability of any other source of payment for medical services. Donated funds for the purpose of payment of medical services are considered a third party source. Refer to Third Party Recovery, Section 6.0 in this manual.

~~The beneficiary or administrator must be able to produce documentation as to how the funds were spent. This documentation must be legible and available to the Division of Medicaid, the fiscal agent, and/or the~~

PRO upon request.

~~Fund raising is to help beneficiaries and their families pay for costs not normally covered by Medicaid. Transplant facilities/providers cannot participate in fundraising for beneficiaries to raise additional funds to pay for the transplant procedure and/or related services. As per conditions of participation as stated in the Provider Information. Facilities/providers must adhere to conditions of participation. Refer to Provider Information, Section 4.01 in this manual:~~

"The provider must agree to accept as payment in full the amount paid by the Medicaid program for all services covered under the Medicaid program within the beneficiary's service limits with the exception of authorized deductibles, co-insurance, and co-payments. All services covered under the Medicaid program will be made available to the beneficiary. Beneficiaries will not be required to make deposits or payments on charges for services covered by Medicaid. A provider cannot pick and choose procedures for which the provider will accept Medicaid. At no time shall the provider be authorized to split services and require the beneficiary to pay for one type of service and Medicaid to pay for another. All services provided to Medicaid beneficiaries will be billed to Medicaid only where Medicaid covers said services, unless some other resources, other than the beneficiary, or the beneficiary's family will pay for the service."